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American Arbitration Association

Dispute Resolution Services Worldwide

Please visit our website at www.adr.org if you would like to file this case online.

## SUBMISSION TO DISPUTE RESOLUTION

AAA Customer Service can be reached at 800-778-7879

| The named parties hereby submit the following dispute for resolution, under the rules of the American Arbitration Association. |          |                         |   |           |         |                        |
|--|----------|-------------------------|---|-----------|---------|------------------------|
| To be completed and signed by all parties (attach additional sheets if necessary).   |          |                         |   |           |         |                        |
| Rules Selected: □Commercial □Construction □Employment □Other (please specify)  |          |                         |   |           |         |                        |
| Procedure Selected: □Binding Arbitration □Mediation □Other (please specify)  |          |                         |   |           |         |                        |
| NATURE OF DISPUTE:   |          |                         |   |           |         |                        |
|  |          |                         |   |           |         |                        |
|  |          |                         |   |           |         |                        |
| Dollar Amount of Claim \$  |          |                         | Other Relief Sought: □ Attorneys Fees □ Interest  |           |         |                        |
|  |          |                         | □ Arbitration Costs □ Punitive/ Exemplary □ Other |           |         |                        |
| PLEASE DESCRIBE APPROPRIATE QUALIFICATIONS FOR ARBITRATOR(S) TO BE APPOINTED TO HEAR THIS DISPUTE:                             |          |                         |   |           |         |                        |
|  |          |                         |   |           |         |                        |
| Amount Enclosed \$ In accordance with Fee Schedule: □Flexible Fee Schedule □Standard Fee Schedule                              |          |                         |   |           |         |                        |
| HEARING LOCALE REQUESTED:  |          |                         | Estimated time needed for hearings overall:       |           |         |                        |
|  |          |                         | hours ordays                                      |           |         |                        |
| We agree that, if arbitratio may be entered on the awa   |          | ected, we will abide by | and perform any award rende                       | red hereu | ınde    | er and that a judgment |
| Name of Party  |          |                         | Name of Party                                     |           |         |                        |
| Address:   |          |                         | Address:  |           |         |                        |
|  |          |                         |   |           |         |                        |
| G'a  | Ct - t - | 7' 0. 1.                | Cit   | Curt      | 7:      | C. 1.                  |
| City:  | State    | Zip Code                | City:   | State     | Zip     | Code                   |
| Phone No.  |          | Fax No.                 | Phone No.   |           | Fax No. |                        |
| Email Address:   |          | Email Address:          |   |           |         |                        |
| Signature (required): Date:  |          |                         | Signature (required): Date:                       |           |         |                        |
| Name of Representative:  |          |                         | Name of Representative:                           |           |         |                        |
| Name of Firm (if applicable)   |          |                         | Name of Firm (if applicable)                      |           |         |                        |
| Address (to be used in connection with this case)  |          |                         | Address (to be used in connection with this case) |           |         |                        |
| City:  | State    | Zip Code                | City:   | Stat      | te      | Zip Code               |
| Phone No.  |          | Fax No.                 | Phone No.   |           |         | Fax No.                |
| Email Address:   |          |                         | Email Address:                                    |           |         |                        |
|  |          |                         |   |           |         |                        |

To begin proceedings, please send a copy of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to: American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100 Voorhees, NJ 08043. Send the original Demand to the Respondent.